

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓		↓
TOTAL DEP.			↖	↖		↖
TOTAL CLAIMS			10			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			↓	↓		↓
TOTAL DEP.			↖	↖		↖
TOTAL CLAIMS			↖	↖		↖

BEST AVAILABLE COPY